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City of Bozeman capital improvements pro

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CITY OF BOZEMAN
CAPITAL IMPROVEMENTS PROGRAMMING FORMS

Prepared by:

Jim Wysocki
City Manager
City of Bozeman
Box 640
Bozeman, Montana 59715

July 1984

Helena, Montana

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DEPARTMENT OF COMMERCE
COMMUNITY DEVELOPMENT DIVISION

COGSWELL BUILDING—ROOM C 211
CAPITOL STATION

TED SCHWINDEN, GOVERNOR



STATE OF MONTANA

(406) 444-3757

HELENA, MONTANA 59620

July 20, 1984

Dear Reader:

The following forms are currently being used by the City of Bozeman for the planning and financing of Bozeman's capital improvements (public works). The following forms were used in a workshop about local government capital improvements planning sponsored by the Montana Department of Commerce.

The Department of Commerce, is grateful to Jim Wysocki for the use of these materials. It is the Department's hope that these materials may be useful to other Montana local governments in the preparation of and development of capital improvement programs.

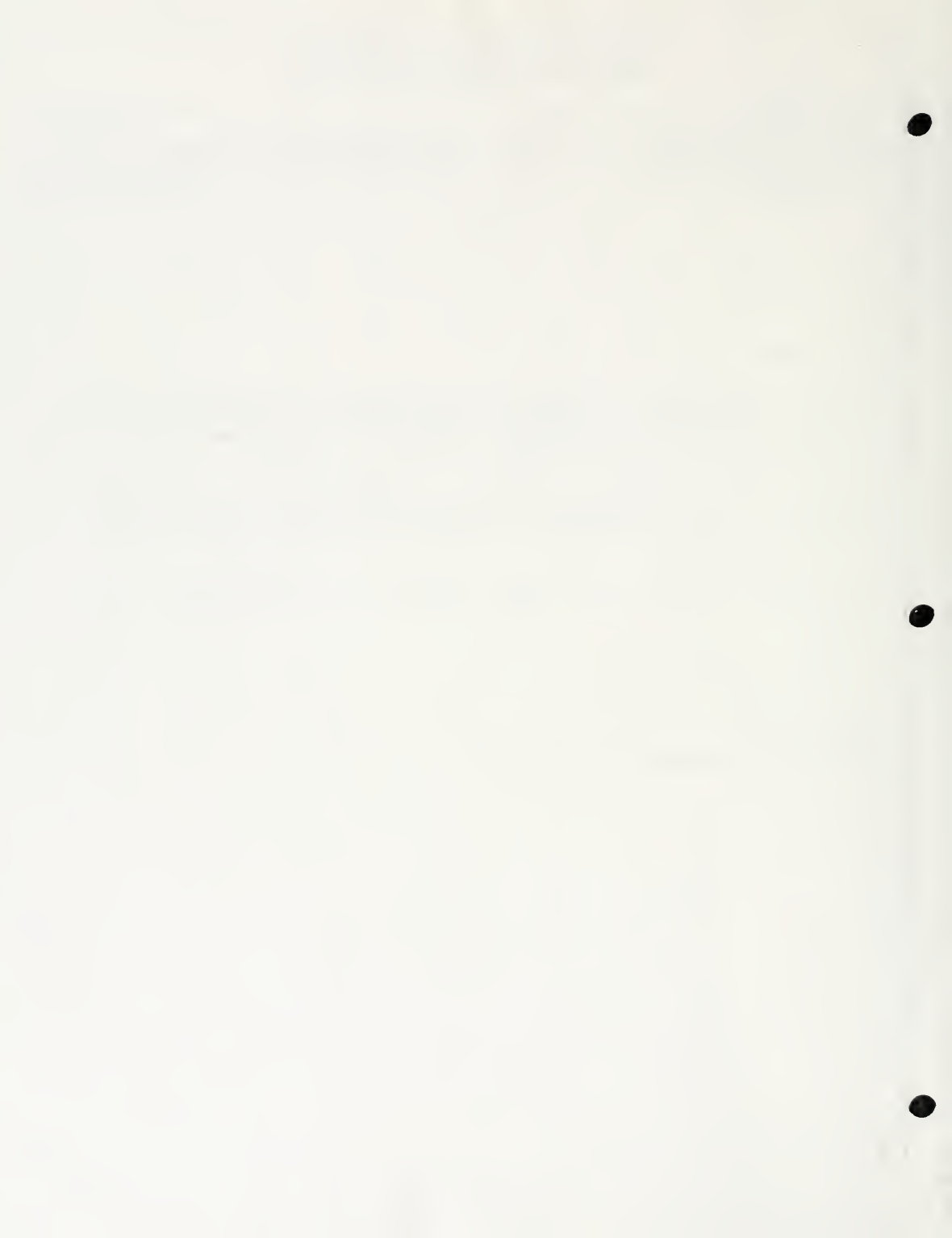
For further information about capital improvements programming, please contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Robb McCracken".

Robb McCracken
Planner
DOC/Community Development Division

RM:jr



CITY OF BOZEMAN, MONTANA

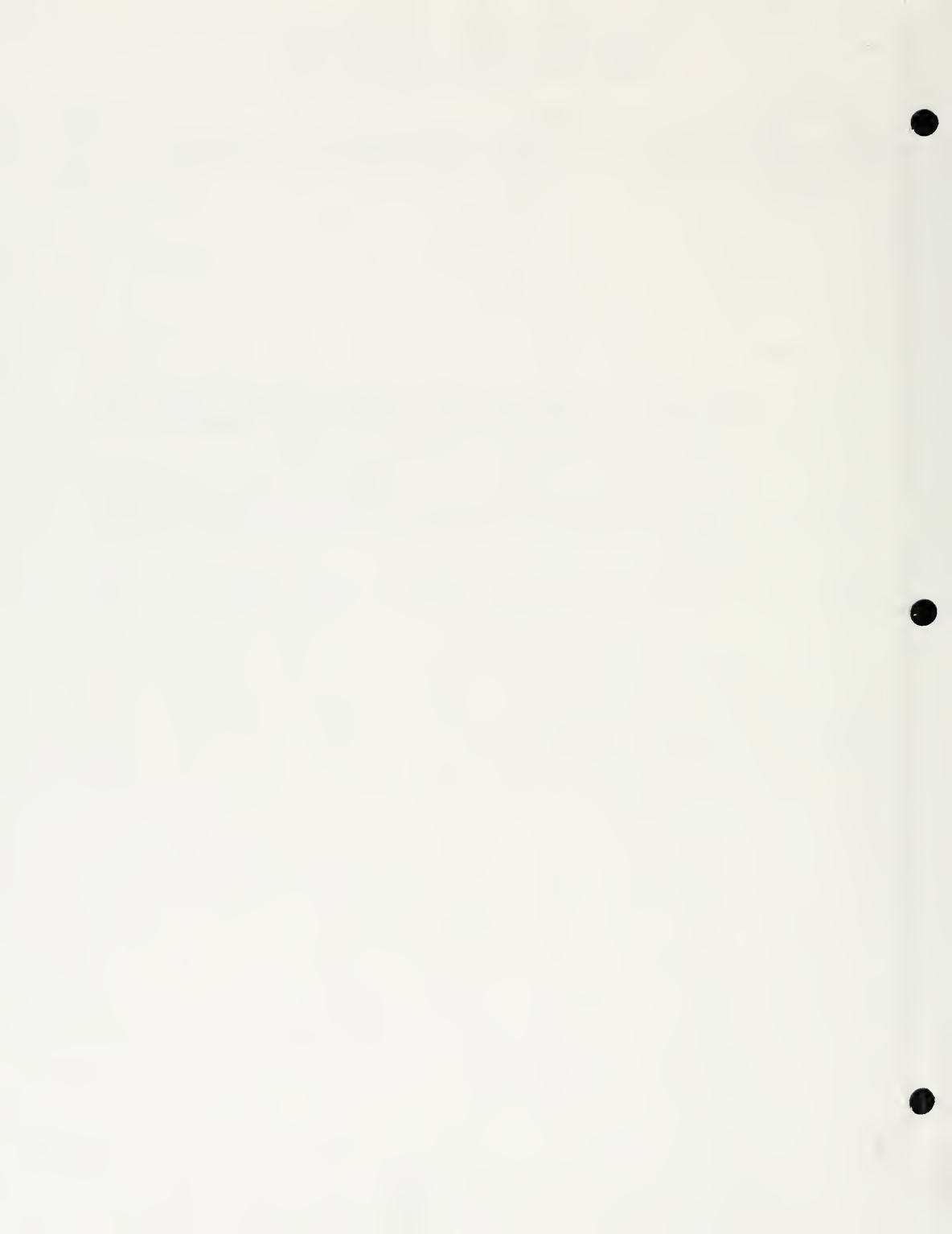
COST/BENEFIT
FACTOR OUTLINE

1. Cost Factors

- A. Direct Cost Savings: Does the improvement provide direct cost savings by reducing operating or maintenance costs?
- B. Future Cost Avoidance:
- C. Personnel Productivity: Will the request make more productive use of personnel or provide salary savings?
- D. Service Productivity: Will the request provide more effective or efficient service delivery?
- E. Time Frame: Projected useful life of this request.
- F. Service Demand: What is the anticipated demand for service from this improvement? Does demand justify funding?

2. Public Health, Welfare and Safety

- A. Health, Welfare and Safety: How will the request contribute to the above?
- B. Safety: Will the improvement increase equipment and/or personnel safety?
- C. Conservation: Will the request conserve property



CITY OF BOZEMAN, MONTANA

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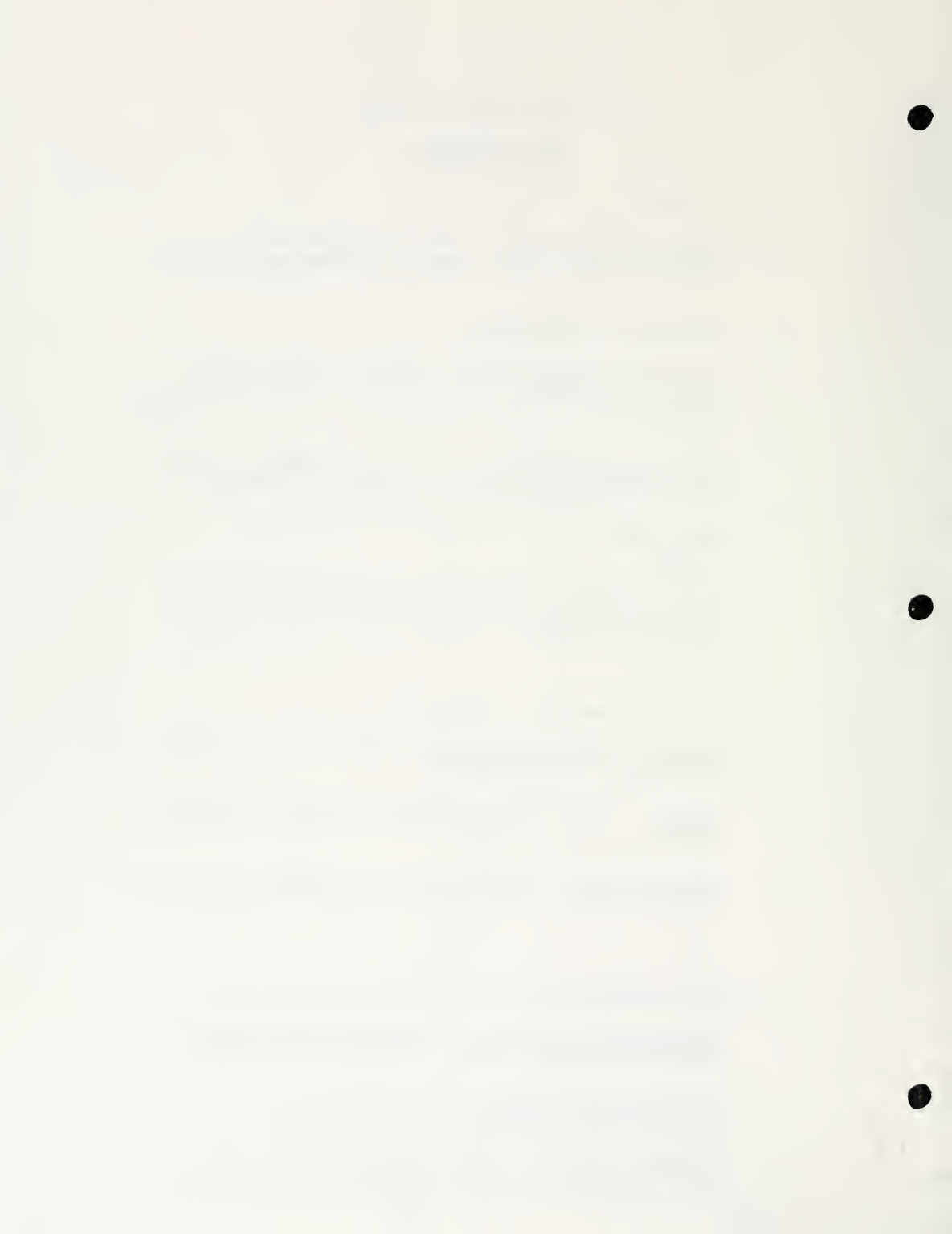
- A. Health, Welfare and Safety: How will the request contribute to the above?
- B. Safety: Will the improvement increase equipment and/or personnel safety?
- C. Conservation: Will the request conserve property or other public resources?

3. Economic Development

- A. Economic Development: How will the request promote economic growth?
- B. Coordination: Does the request tie into any existing programs in other departments?
- C. Revenue Source: Will the request be self-supporting or bring in revenue to the city?

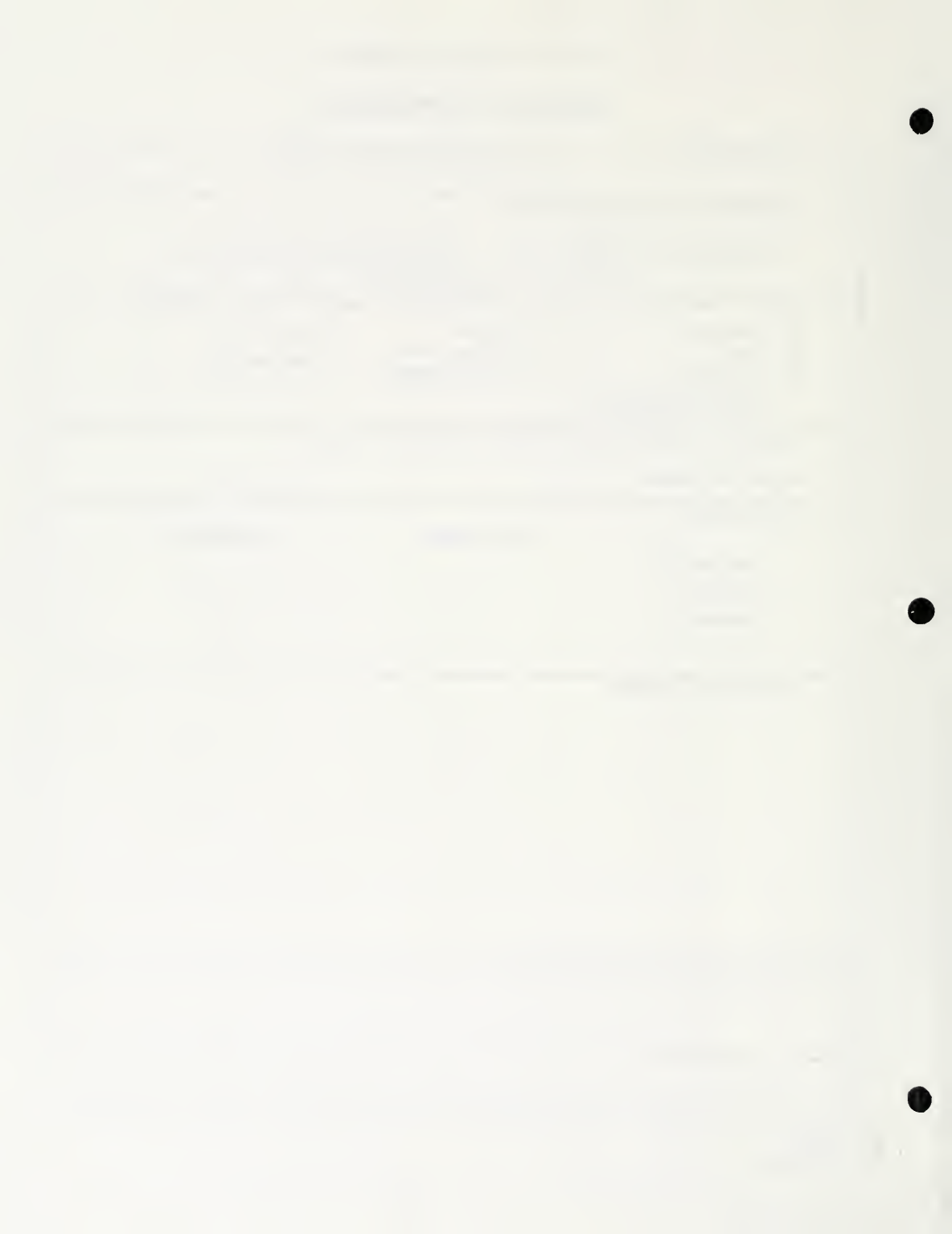
4. Other

- A. External Resources: In conjunction with this request, will the city be forced to use other resources and services it does not have? What will they cost?
- B. Legal Compliance: Is the request necessary for legal compliance or anticipated future compliance?
- C. Contracted Service: Can the requested project be contracted out at less cost?



CITY OF BOZEMAN, MONTANA
MANAGEMENT RECOMMENDATION

1. Project Title:		2. Control Number:	
3. Management Priority Designation			
<input type="checkbox"/> Critical--1st priority		<input type="checkbox"/> Desirable--3rd priority	
<input type="checkbox"/> Essential--2nd priority		<input type="checkbox"/> Acceptable--4th priority	
<input type="checkbox"/> Not Acceptable			
4. Capital Request for:		5. Description of capital project request:	
<input type="checkbox"/> Equipment		<input type="checkbox"/> New	
<input type="checkbox"/> Land		<input type="checkbox"/> Improvement	
<input type="checkbox"/> Buildings		<input type="checkbox"/> Replacement	
<input type="checkbox"/> Improvements to land or buildings		<input type="checkbox"/> Recurring	
		<input type="checkbox"/> Nonrecurring	
6. Financial Considerations (extended summary attached)			
Source of Funding:			
7. Project Costs:			
		<u>Initial Costs</u>	<u>Future Costs</u>
1. Construction			
2. Equipment			
3. Personnel			
4. Other			
8. Cost/Benefit Summary			
9. Legal/Statutory Considerations			
10. Submitted by _____ Date _____			



CITY OF BOZEMAN, MONTANA
CAPITAL IMPROVEMENT PROJECT MONTHLY REPORT

Month: _____

(1) Project Title and Number:

(2) Project Manager:

Project Progress:	(2a) Start Date	(2b) Percent Complete	(2c) Estimated Completion	(2d) Scheduled Completion
A. Site Acquisition*				
B. Easement Acquisition*				
C. Planning*				
D. Contracting*				
E. Construction*				

(3) Project Budget

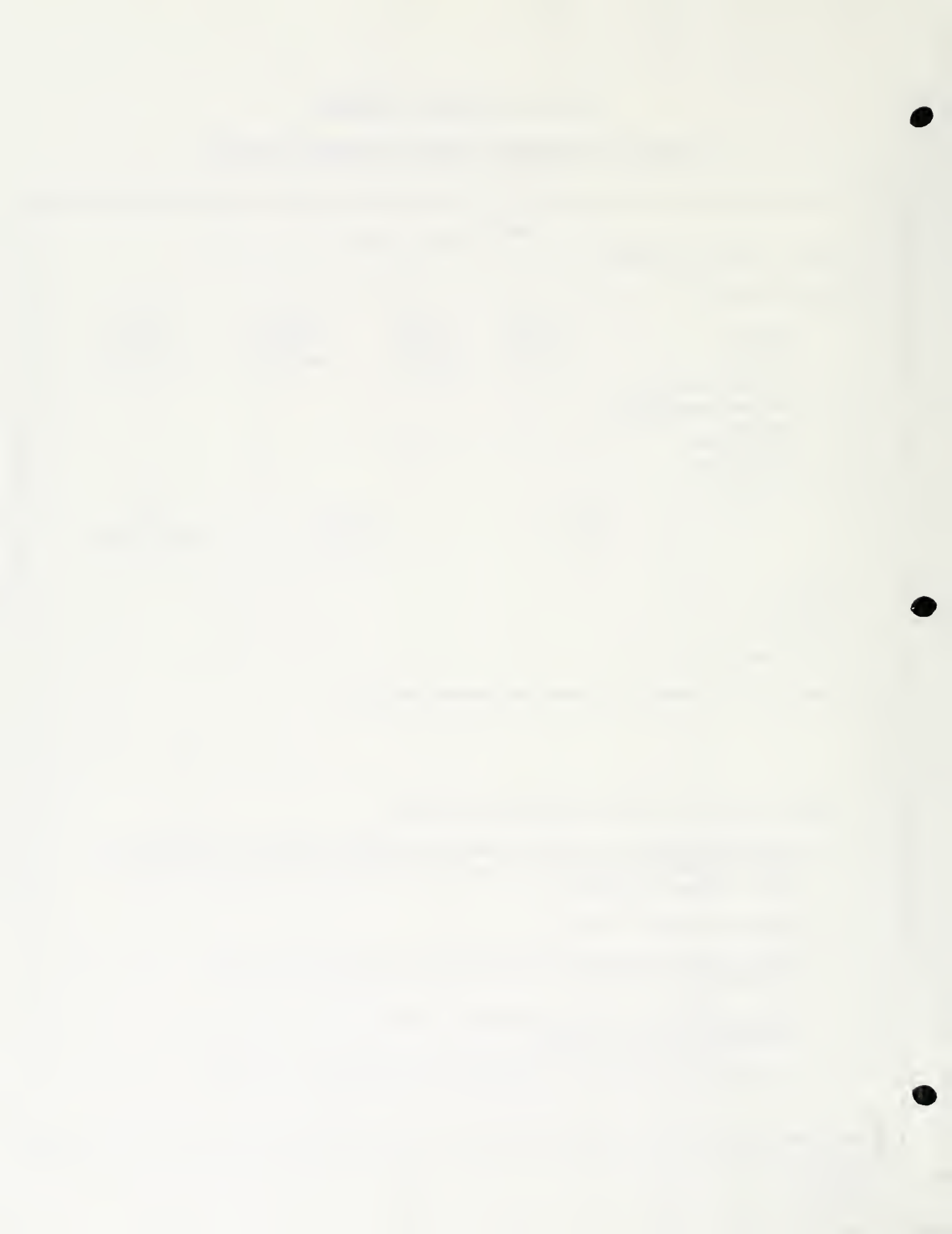
	(3a) Total	(3b) This Month	(3c) Prior Month
Budget			
Expended			
Encumbered			
Funds Remaining			

(4) Comments: All items A-E unless 100 percent complete.

*Tasks in project completion defined as follows:

- A. Site Acquisition--This will include the decision process in determining the appropriate size of parcels as well as appraisal, negotiation, and other related activities.
- B. Easements--Rights of way.
- C. Planning--The preparation of preliminary and final plans and specifications.
- D. Contracting--The formal bid process, including the execution of necessary contract documents.
- E. Construction--From notice to proceed to completion of project.

Submitted by _____ Date _____



CITY OF BOZEMAN, MONTANA

CAPITAL PROJECT REQUEST

Department and Activity _____ Date Prepared _____																												
Contact Person _____ Phone Number _____																												
1. Project Title	2. Purpose of Project Request Form (Check one) <input type="checkbox"/> Add a new item to the program. <input type="checkbox"/> Delete an item in a year already a part of the program. <input type="checkbox"/> Modify a project already in the adopted program.																											
3. Department Priority																												
4. Location																												
5. Description																												
6. Justification (attach Form B)																												
7. Cost and Recommended Sources of Financing <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">BUDGET F.Y.</th> <th style="text-align: center; border-bottom: 1px solid black;">TOTAL*</th> <th style="text-align: left; border-bottom: 1px solid black;">RECOMMENDED SOURCES OF FINANCING</th> </tr> </thead> <tbody> <tr><td>Program year F.Y. _____</td><td>_____</td><td></td></tr> <tr><td>Program year F.Y. _____</td><td>_____</td><td></td></tr> <tr><td>Program year F.Y. _____</td><td>_____</td><td></td></tr> <tr><td>Program year F.Y. _____</td><td>_____</td><td></td></tr> <tr><td>Program year F.Y. _____</td><td>_____</td><td></td></tr> <tr><td>Program year F.Y. _____</td><td>_____</td><td></td></tr> <tr><td>TOTAL SIX YEARS _____</td><td>_____</td><td></td></tr> <tr><td>After Sixth Year _____</td><td>_____</td><td></td></tr> </tbody> </table> If adjusted for inflation, indicate adjustment percentage here: _____ *Interest cost not included.		BUDGET F.Y.	TOTAL*	RECOMMENDED SOURCES OF FINANCING	Program year F.Y. _____	_____		Program year F.Y. _____	_____		Program year F.Y. _____	_____		Program year F.Y. _____	_____		Program year F.Y. _____	_____		Program year F.Y. _____	_____		TOTAL SIX YEARS _____	_____		After Sixth Year _____	_____	
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Program year F.Y. _____	_____																											
TOTAL SIX YEARS _____	_____																											
After Sixth Year _____	_____																											
8. Net Effects on Operating Costs (+ or -) Direct Operating Costs personnel: number _____ \$ amount _____ purchase of services _____ materials & supplies _____ equipment purchases _____ utilities _____ other . . . _____ Subtotal () _____ Indirect Operating Costs fringe benefits _____ general admin. costs _____ other . . . _____ Subtotal () _____ Total Operation Cost _____	9. Submitting Authority Date _____ Submitted by _____ Signature _____ Position _____ 10. Reserved																											

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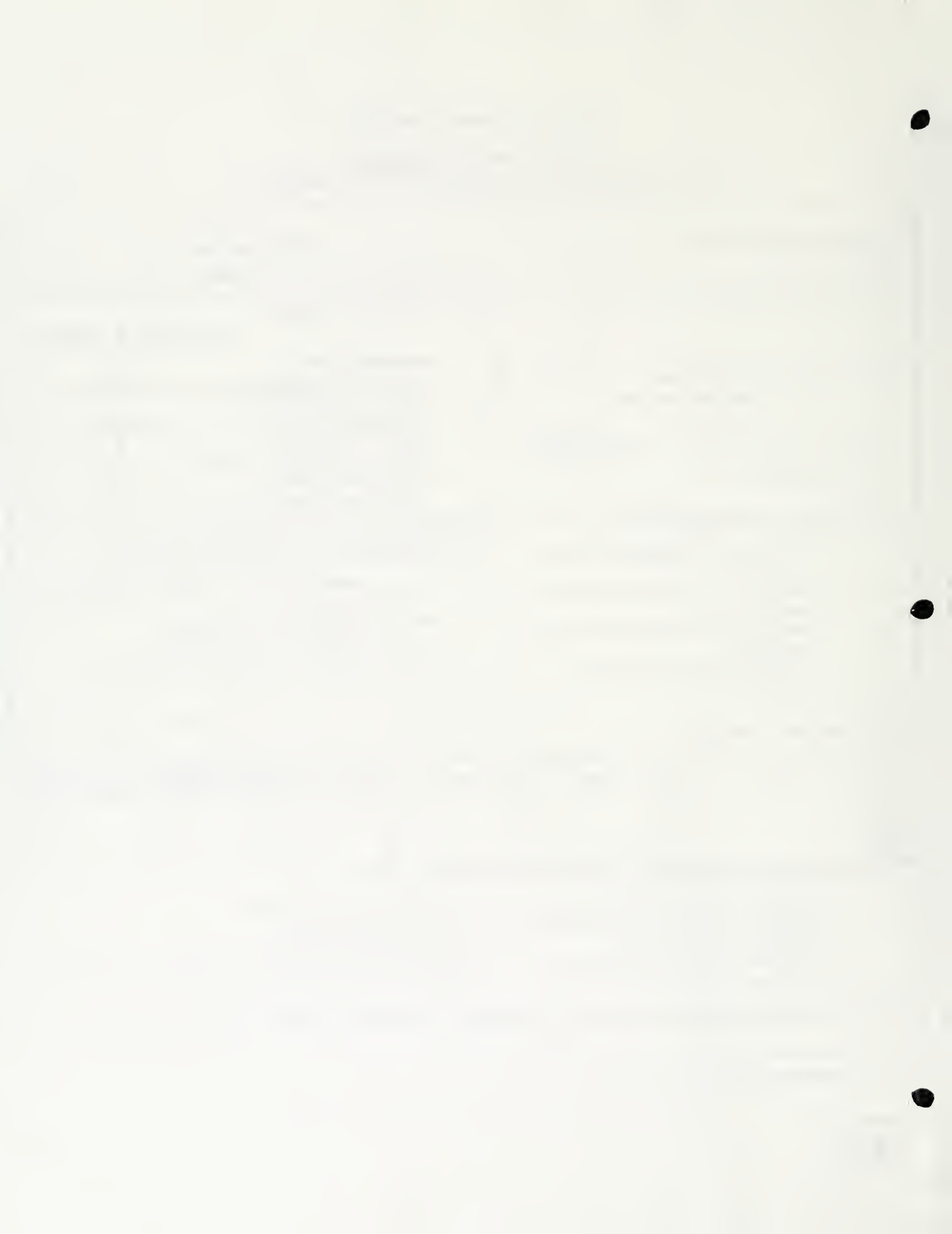
A large table with multiple columns and rows, containing faint text and possibly some data points. The content is illegible due to blurriness.



CITY OF BOZEMAN, MONTANA

CAPITAL PROJECT REQUEST
FOR EQUIPMENT PURCHASE OR MAJOR RENTAL

Department and Activity _____ Date Prepared _____																												
Contact Person _____ Phone Number _____																												
1. Project Title 2. Form of Acquisition (check appropriate one) _____ Purchase _____ Rental	5. Cost Quotation/s <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:15%; text-align: center;">Per Unit</th> <th style="width:15%; text-align: center;">Total</th> </tr> </thead> <tbody> <tr> <td>Purchase price or annual rental</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Plus: Installation or other costs</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Less: Trade-in or other discount</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Net purchase cost or annual rental</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Per Unit	Total	Purchase price or annual rental	\$	\$	Plus: Installation or other costs	\$	\$	Less: Trade-in or other discount	\$	\$	Net purchase cost or annual rental	\$	\$												
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Less: Trade-in or other discount	\$	\$																										
Net purchase cost or annual rental	\$	\$																										
3. Description	6. Useful Life of Equipment																											
4. Purpose of Expenditure <input type="checkbox"/> Critical to maintain present service <input type="checkbox"/> Essential to improve present service <input type="checkbox"/> Desirable to expand present service <input type="checkbox"/> Acceptable to expand new service	7. Estimated Use of Requested Item(s) _____ weeks per year. Appr. months (if seasonal) For the weeks used, estimate: _____ average days per week; _____ average hours per day used.																											
8. Replace Items(s)																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:25%;">Item</th> <th rowspan="2" style="width:15%;">Make</th> <th rowspan="2" style="width:15%;">Age</th> <th colspan="3" style="text-align: center;">Prior Year's</th> </tr> <tr> <th style="width:15%;">Maint. Cost</th> <th style="width:15%;">Breakdown</th> <th style="width:20%;">Rental Cost</th> </tr> </thead> <tbody> <tr> <td>(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(3)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Item	Make	Age	Prior Year's			Maint. Cost	Breakdown	Rental Cost	(1)						(2)						(3)					
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9. Purchase Justification (Explain each check on back) <table style="width:100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Schedule replacement</td> <td><input type="checkbox"/> Expanded/new operation</td> </tr> <tr> <td><input type="checkbox"/> Replace obsolete/worn equipment</td> <td><input type="checkbox"/> Interdepartment use</td> </tr> <tr> <td><input type="checkbox"/> Reduce personnel time</td> <td><input type="checkbox"/> Provide new service</td> </tr> <tr> <td><input type="checkbox"/> Improve procedures/service</td> <td><input type="checkbox"/> Reduce expenditures for contracted services</td> </tr> <tr> <td><input type="checkbox"/> Increase safety</td> <td><input type="checkbox"/> Provide direct cost savings</td> </tr> </table>		<input type="checkbox"/> Schedule replacement	<input type="checkbox"/> Expanded/new operation	<input type="checkbox"/> Replace obsolete/worn equipment	<input type="checkbox"/> Interdepartment use	<input type="checkbox"/> Reduce personnel time	<input type="checkbox"/> Provide new service	<input type="checkbox"/> Improve procedures/service	<input type="checkbox"/> Reduce expenditures for contracted services	<input type="checkbox"/> Increase safety	<input type="checkbox"/> Provide direct cost savings																	
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10. Will this equipment require new personnel or material costs? If yes, explain.																												
11. Management Project Comments																												



1. Department Public Works Utilities
2. Description of Project:
 - A. Name, physical description and location City Services Center
Phase II
 - B. Purpose Remodel existing shops to increase capacity and efficiency.
 - C. Shown on map (attached)
3. Need for project (use separate sheet, if necessary):
 - A. Why requested Existing building is inadequate.
 - B. In Master Plan? _____
4. Relation to other projects, where applicable Part of a three phase project to upgrade service center.
5. Estimated Cost: (1984 dollars)
 - A. Planning (totals a, b, c) \$ 476,280
 - (a) Architect's services 317,520
 - (b) Engineering _____
 - (c) Inspection 158,760
 - B. Land _____
 - (a) Site is secured yes
 - (b) To be secured _____
 - C. Construction 3,174,120
 - D. Miscellaneous equipment (totals a and b) _____
 - (a) Equipment _____
 - (b) Furniture _____
 - E. Other _____

TOTAL ESTIMATED COST \$3,650,400

 - F. Costs incurred prior to 1-1-____ (included above) _____
6. Proposed manner of construction (contract or day labor) Contract.
7. Status of plans and specifications: (Please checkmark by proper status)
 - _____ 0 Plans not needed
 - _____ 1 Nothing done except this report
 - X 2 Preliminary estimate received
 - _____ 3 Surveys completed
 - _____ 4 Work on plans scheduled
 - _____ 5 Sketch plans in preparation
 - _____ 6 Sketch plans completed
 - _____ 7 Detail plans in preparation
 - _____ 8 Detail plans & specs completed
8. Project expenditures by years:

<u>1985--\$ 317,520</u>	<u>1987--\$876,750</u>
<u>1986--\$1,579,380</u>	<u>1988--\$876,750</u>
9. Recommended financing:

General Revenue	GR	<u>\$3,650,400</u>
Service Charges	SC	\$ _____
Revenue Bonds	RB	\$ _____
General Oblig. Bonds	GOB	\$ _____
State Assessment Bonds	SP	\$ _____
State Aid	SA	\$ _____
Federal Aid	FA	\$ _____
Special Revenue	SR	\$ _____
Accrued Revenue	AR	\$ _____
Reserve Funds	RF	\$ _____
T O T A L		<u>\$3,650,400</u>
10. Priority rating: Medium.
11. Year recommended for construction: 1986-1988
12. Previous accruals: _____
13. Future burden resulting from project: (totals a, b and c)
 - (a) Annual cost including maintenance, repair and operation _____
 - (b) Annual estimated cost of new staff required _____
 - (c) Future expenditures for additional equipment not included in project cost _____
14. Income from project (estimated annual, direct or indirect) -0-

